

216020674  
99551

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 036	Agency Case No. B6-044584	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/21/2016		(In Military Time) TIME OF ACCIDENT 1828	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1830	05/21/2016	
B	70	ROAD ON WHICH ACCIDENT OCCURRED		STREET/HIGHWAY NO. N 48/R-O	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				141.00	X	N curb of O Street
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F	1	DRIVER LICENSE NO.	H13397595		STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	2	DRIVER	TAYLOR N BENNETT		PHONE	402-853-6618
V2/N	2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	03/25/1994
G	4	OWNER	TAYLOR N BENNETT		PHONE	402-853-6618
		OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB514909
H	2	LICENSE PLATE NO.			YEAR (Plate Expires)	STATE (Of Plate)
V1/O	1	VEHICLE	2004	Hyundai	Sonata	4 door Sedan
V2/O	1	VEHICLE ID NO. (VIN)	KMHWF25H03A850482		COLOR	white
		TOWED TO	TOWED BY		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 50	INSURANCE COMPANY General
				POLICY NO. 68NE - 2909578		
VEHICLE NO. 2						
I	1	DRIVER LICENSE NO.	H12641883		STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	1	DRIVER	BRENDA R MAXWELL		PHONE	402-435-5048
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/04/1966
J	01	OWNER	BRENDA R MAXWELL		PHONE	402-435-5048
		OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.
V1/Q	4	LICENSE PLATE PA NO.	SHX486		YEAR (Plate Expires)	2016
V2/Q	4	VEHICLE	2005	Lincoln	LLS	4 door Sedan
K	01	VEHICLE ID NO. (VIN)	1LNHM86S85Y665313		COLOR	tan
		TOWED TO	TOWED BY		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 100	INSURANCE COMPANY Farmers Mutual
				POLICY NO. AU235238		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

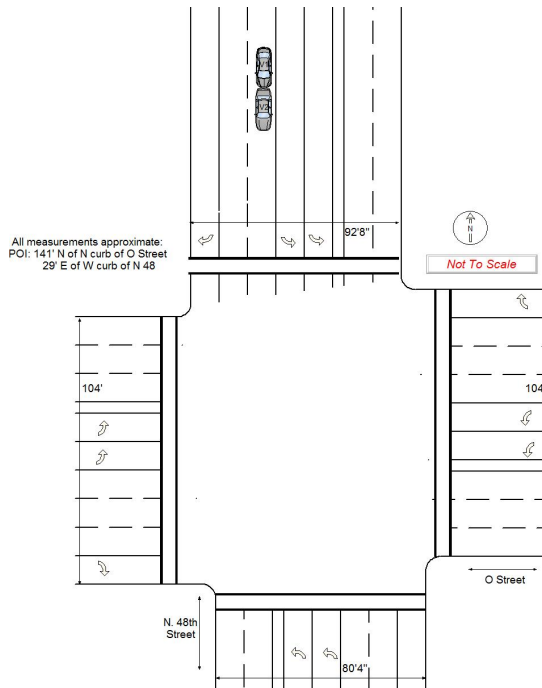
# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-044584



Indicate  
North  
by Arrow



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 said she was stopped behind veh2 in the innermost lane intended for straight SB traffic on N 48 to cross O Street at a red light. D1 thought veh2 started to go so she let her foot off of the brake and collided with veh2 at an extremely low speed. D2 said she was stopped at a red light in the same lane as veh1 when she was rear ended by veh1. Damage to both vehicles was extremely minor and some may have been present prior to this accident.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEHICLE 1							
1		X			N 48th				POINT OF IMPACT 01		POINT OF IMPACT 05		4		2		Driver No. 1 Y		Driver No. 2 Y					
2		X			N 48th				POINT OF IMPACT 01		POINT OF IMPACT 05		4		2		N		X					
1	11				06 Turning left				MOST DAMAGED AREA 01		MOST DAMAGED AREA 05		1		2		BAC LEVEL							
2	11				08 Entering traffic lane				00 None		02 03 04		1		2		Driver No. 1 1		Driver No. 2 1					
					09 Leaving traffic lane				09 Top & windows		10 Undercarriage		1		2		ALCOHOL/ DRUGS SUSPECTED		1					
					10 Parked				11 Total (all areas)		11 Total (all areas)		1		2		1		1					
					11 Slowing or stopped in traffic				12 Other		12 Other		1		2		1		1					
					12 Other				13 Unknown		13 Unknown		1		2		1		1					
					13 Unknown								1		2		1		1					
OFFICER NO. 1760					TROOP/ TEAM/ BEAT 11					DEPARTMENT Lincoln Police Department					Photographs taken? YES NO									
INVESTIGATOR NAME (Print or Type) Nathan Wagner										INVESTIGATOR SIGNATURE Approved by Officer Nathan Wagner										DATE OF REPORT 05/21/2016				